07113

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAVRE de Grace — LENGTH OF STAY (in this place): 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HARford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: DELAWARE — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural, give location): 508 PHILADelphia Pike

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) T. (Last) AUGUST
4. DATE OF DEATH (Month) JULY (Day) 9th (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug. 30 1892
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George August
14. MOTHER'S MAIDEN NAME: Iva C. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Iva C. August 508 Philadelphia Pike Wilmington, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio vascular

(c) disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9, 1951 to [illegible], 1951, that I last saw the deceased alive on 7/9, 1951, and that death occurred at 7 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William F. Carr — ADDRESS: Harford Memorial Hospital — DATE SIGNED: [illegible] 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 12, 1951 — NAME OF CEMETERY OR CREMATORY: Lombardy Cemetery — LOCATION (City, town, or county) (State): Wilmington, Delaware

DATE REC'D BY LOCAL REG.: July 11 - 1951 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Albert J. McCrory — ADDRESS: Wilmington Del

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 12 19[illegible]
BUREAU V. [illegible]

07114

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARRIE	Roma	BINES	JULY	9TH	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	MARRIED	Nov. 29 1901	49 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Maryland	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS CALVERT	SARAH SESSELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		George L. Bines, Sr. Perryville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c)

260X 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-29, 1951, to 7/9, 1951, that I last saw the deceased alive on 7/9, 1951, and that death occurred at 7:25 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lillian F. Lear Harford Memorial Hospital 7-9-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-12-1951	Principio Furnace	Principio Furnace Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 11-1951	A. L. Lewis M.D.	Lee A. Patterson & Son, Perryville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 12 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

07115

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Md; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	Katherine	Chinaris	July	23	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Mar 18 1862	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None	Greece	Greece

13. FATHER'S NAME: Gus Caparotas

14. MOTHER'S MAIDEN NAME: Katherine Flamourkis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: George Chinaris Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic C V disease	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

422.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/1, 1951, to 7/23, 1951, that I last saw the deceased alive on July 22 1951 and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer MD		Bel Air, Md.	7/23/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 25/51	Bel Air Memorial Gardens	Bel Air Harford	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/23/51	Priscilla Fawood	Joseph T Foster	Bel Air Md

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07116

Reg. Dist. No. 18

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) D. (Last) Conklin
4. DATE OF DEATH (Month) July (Day) 9 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 26, 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Conklin
14. MOTHER'S MAIDEN NAME Rachel Van Fuss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-14-0439
17. INFORMANT Mary A. Conklin Joppa Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — none

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co. Bel Air, Md 7/7/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 12, 1951
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens
LOCATION (City, town, or county) Bel Air, Harford (State) Md

DATE REC'D BY LOCAL REG. July 14-1951
REGISTRAR'S SIGNATURE Nellie Riley Perry
24. FUNERAL DIRECTOR Howard R. McConnell Son ADDRESS Abingdon Md.

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 17 1951
BUREAU V.S.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

017117

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS (A15)

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
   LENGTH OF STAY (in this place) 6 mos.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
   STREET ADDRESS (If rural, give location) R.D. #2

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) (Last) Cooper

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 21, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Wesley Wells

14. MOTHER'S MAIDEN NAME: Elizabeth Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. Wm. Carroll Craig, Sr.

18. MEDICAL CERTIFICATION.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Old age with	3 yrs.
460.0 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1948, to July 25, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE: Wilhelm Dudley Phillips MD (Degree or title) ADDRESS Darlington Md DATE SIGNED 7/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF July 27 1951 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county): Havre de Grace | (State): Md.

DATE REC'D BY LOCAL REG.: July 26 51 | REGISTRAR'S SIGNATURE: Bertha B. Knight | 24. FUNERAL DIRECTOR: H. Madison Mitchell | ADDRESS: Havre de Grace, Md.

RECEIVED
AUG 8 1931
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks Rural
LENGTH OF STAY (In this place) ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toll Gate R.D. Bel Air Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Joseph~~ Joe (Middle) Lewis (Last) Cox
4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH Nov 21/1933
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steven Station
10b. KIND OF BUSINESS OR INDUSTRY Attendant
11. BIRTHPLACE (State or foreign country) Galax Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Munsey O Cox
14. MOTHER'S MAIDEN NAME Etta Lee Anders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-30-7200
17. INFORMANT AND ADDRESS Munsey O Cox, Bel Air, R.D. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Skull

824.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

17 Oc (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Fernville Road (CITY OR TOWN) Rocks (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 1927 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fallout of [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Deputy Medical Examiner [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 16/51
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) (State) Fountain Green Harford Md

DATE REC'D BY LOCAL REG. 7/15/51
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Joseph T Foster Bel Air ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
STREET ADDRESS (If rural, give location) 718 ERIE

3. NAME OF DECEASED (Type or Print) (First) Biagio (Middle) Di Mauro (Last)
4. DATE OF DEATH (Month) Jan (Day) 11 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Feb. 8, 1890
9. AGE last birthday 61 yrs. If under 1 year Months 5 Days 2 If under 24 hrs Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY City of Havre de Grace
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY Italy
13. FATHER'S NAME Frank Di Mauro
14. MOTHER'S MAIDEN NAME Archangelo Marcio
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Dominick Di Mauro, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture Bulk — 1 d

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture l. humerus — 1 d

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
(CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) Jan (Day) 7 (Year) 1951 (Hour) 10 p m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Antecedent, [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) [illegible] ADDRESS Harford County [illegible] DATE SIGNED 1/11/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/14/51
NAME OF CEMETERY OR CREMATORY Mt. Erin
LOCATION (City, town, or county) Havre de Grace (State) Md.
DATE REC'D BY LOCAL REG. July 13-1951
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son, Havre de Grace ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
JUL 16 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18 5

1. PLACE OF DEATH: COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE; LENGTH OF STAY (in this place) 5 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN; STREET ADDRESS (If rural, give location) R.D. Box 137

3. NAME OF DECEASED (Type or Print): (First) Cosby (Middle) D (Last) Dodsworth

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: November 8, 1899

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Telephone Operator

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Rachel Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 220-05-1095

17. INFORMANT AND ADDRESS: Mrs Lucile Reeves Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction due to	2 Days
151X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 46 0	(b) Gastric Hemorrhage due to	5 Days
	(c) Carcinoma of the Stomach	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 11 50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Malcolm Dudley Phillips MD	Darlington Md	8/3/51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 2 1951	Darlington Cem	Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 2-1951	G. L. Lewis M. D.	H. E. Bailey	Darlington Md.

RECEIVED
AUG 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): 21 Liberty Street

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) F. (Last) Eaton
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 3rd 1909
9. AGE last birthday: 42 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer, Civil
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lester D. Eaton
14. MOTHER'S MAIDEN NAME: Mable M. Grover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) War II
16. SOCIAL SECURITY NO.: 005-10-0169
17. INFORMANT AND ADDRESS: Dorthy F. Eaton - 21 Liberty St. Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure (Terminal)

581.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastric Haemorrhage 5 days

124 (c) Infectious Hepatitis (Chronic) 6 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1951, to 7-20, 1951, that I last saw the deceased alive on 3-27, 1951, and that death occurred at 9:00 P m., from the causes and on the date stated above.

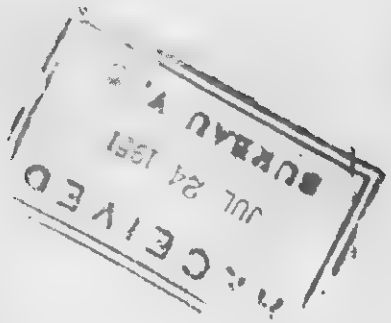
SIGNATURE: [signature] (Degree or title) ADDRESS: Cor. Belair & Parke, Aberdeen, Md. DATE SIGNED: 7-21-51

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: July 23-1951
NAME OF CEMETERY OR CREMATORY: Waterville Cemetery
LOCATION (City, town, or county) (State): Waterville Maine
DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Henry Tarring and Sons — ADDRESS: Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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JUL 24 1951
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swan Creek Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) T (Last) French

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: — | 9. AGE last birthday: 61 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Kentucky | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk. | 14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: Harford Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease with Myocardial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — and Laennec's Cirhosis decompensation

(b) 450.0 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1951, to 7-3, 1951, that I last saw the deceased alive on 7-3, 1951, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

SIGNATURE: Delda L. Mehe (Degree or title) M.D. ADDRESS Harford Mem. Hosp. DATE SIGNED 7/4/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF July 11, 1951 | NAME OF CEMETERY OR CREMATORY Harford Co. Alms Farm | LOCATION (City, town, or county) Harford Co. (State)

DATE REC'D BY LOCAL REG. July 9-1951 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR H. Madison Mitchell ADDRESS Havre de Grace, Md.

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JUL 11 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 82 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 552 Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 552 Franklin St

3. NAME OF DECEASED (Type or Print) (First) Fannie (Middle) L (Last) Good

4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 12, 1868
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY House Wife
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Henry Levy
14. MOTHER'S MAIDEN NAME Rosa Stern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Louis Good 552 Franklin St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Ulcerative Colitis	20 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cardio Vascular Disease	2 mks.
	(c)	Toxemia	2 mks.

572.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to July 2, 1951, that I last saw the deceased alive on July 2, 1951, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE Charles J Foley M.D. (Degree or title) ADDRESS 400 S. Main Ave Havre de Grace Md DATE SIGNED 7/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 4, 1951
NAME OF CEMETERY OR CREMATORY Hebrew Friend Ship Gem
LOCATION (City, town, or county) Phila Pd (State) Md

DATE REC'D BY LOCAL REG. July 3-1951
REGISTRAR'S SIGNATURE A. K. Lewis M. D.
24. FUNERAL DIRECTOR David Bondheim & Son ADDRESS 1902 Eutaw place Balto. Md. (17)

Dr Foley

Re Dr Lewis

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JUL 9 1951
BUREAU V. D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) A. (Last) Griffith
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/4/1878
9. AGE last birthday 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel P. Griffith
14. MOTHER'S MAIDEN NAME Sallie R. Rogers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Chas Fred Griffith - Perryman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound l. chest — INTERVAL BETWEEN ONSET AND DEATH: none

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Perryman (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ....., 19——, that I last saw the deceased alive on ——, 19——, and that death occurred at ——m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lewis C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 7/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20. 1951
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
LOCATION (City, town, or county) Emmerton, Harford Co. Md (State)
DATE REC'D BY LOCAL REG. July 20-51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Henry Tarring End Sons ADDRESS aberdeen Md.

RECEIVED
JUL 24 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Record (rural) COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reckord - (rural) LENGTH OF STAY (in this place) 2 1/2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hydes, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mr. John (Middle) (Last) Humphries			4. DATE OF DEATH (Month) July (Day) 25th (Year) 1951		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 2-27-1881	9. AGE last birthday 70 yrs.	If under 1 year Months Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work, done during most of working life, even if retired) Hardwood flooring	10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. Humphries			14. MOTHER'S MAIDEN NAME Elizabeth Hughes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY No. 153-03-3207	17. INFORMANT John A. Humphries Hyde Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio respiratory failure - Cachexia	1 1/2 years
157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the head of Pancreas	
46g	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to July 23, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 11 12 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John F. Noguera	MD.	Kingsville, Md.	July 26/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Rural	7-28-51	Arlington Cemetery	Arlington N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/26/51	Priscilla Townsend	C. E. Arthur	Fork Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
STREET ADDRESS (If rural, give location) 8 PARK STREET

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) JOHNSON

4. DATE OF DEATH: (Month) JULY (Day) 27 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 5-20-61

9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: JOHN JOHNSON

14. MOTHER'S MAIDEN NAME: JANE WATTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: NEIL JOHNSON BOX 19 ABERDEEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ADVANCED AGE

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐, No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY, 1950, to JULY 27, 1951, that I last saw the deceased alive on JULY 27, 1951, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Brown McDonald Jr. M.D. Aberdeen, Md. 7-28-57

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 30 1951 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery — LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: July 30-1951 — REGISTRAR'S SIGNATURE: E. L. Lewis M.D. — 24. FUNERAL DIRECTOR — ADDRESS: Henry Harring & Son Aberdeen Md.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 17128 785-

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Louisa Ella Kalmbacher
4. DATE OF DEATH (Month) (Day) (Year): July 6 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Marrie
8. DATE OF BIRTH: Nov. 30, 1887
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alexander Smith
14. MOTHER'S MAIDEN NAME: Elizabeth Kalasmir
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: George Kalmbacher, Aberdeen Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic pneumonia, gastric dilatation

(c) Carcinoma of rectum

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardio-vascular disease, Diabetes mellitus

19a. DATE OF OPERATION: 6-27-51
19b. MAJOR FINDINGS OF OPERATION: Large carcinoma rectum.
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1951, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 8 45 A.m., from the causes and on the date stated above.

SIGNATURE: James McC. Finney — (Degree or title): MD — ADDRESS: 330 S. Union Ave, Havre de Grace, Md. — DATE SIGNED: 7-6-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 9th 1951 — NAME OF CEMETERY OR CREMATORY: Bakers Cemetery — LOCATION (City, town, or county) (State): Aberdeen Harford Co. Md

DATE REC'D BY LOCAL REG.: July 7 1951 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Henry Tarring and Sons — ADDRESS: Aberdeen Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 10 1951
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1721

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington Del
STREET ADDRESS (If rural, give location) 1224 Forest ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Loflaud (Last)

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1957

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 25 1928

9. AGE last birthday: 27 yrs. If under 1 year: Months 6 Days 27 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Klass Loflaud

14. MOTHER'S MAIDEN NAME: Henrietta Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) army

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS: Austin O Coulbourne 827 Pine St. Wilmington Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull — Interval between onset and death: 2 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 825.5

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) July 23 (Day) (Year) 1957 (Hour) 6 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY occur? Motor vehicle accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, found that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Palmer M.D. (Degree or title) Medical Examiner ADDRESS Harford Co. Bel Air Md. DATE SIGNED 7-31

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/25/57 NAME OF CEMETERY OR CREMATORY St Clive LOCATION (City, town, or county) Wilmington, Del (State)

DATE REC'D BY LOCAL REG. 7-31-1957 REGISTRAR'S SIGNATURE C. L. Lewis M.D.

24. FUNERAL DIRECTOR Austin O. Coulbourne ADDRESS 827 Pine St Wil

VS. A15A

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Augustin (Middle) F (Last) Mahan
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH July 18/1864
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mr Nu
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Thomas Run Harford Co., Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Martin Mahan
14. MOTHER'S MAIDEN NAME Susan Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS James A Mahan Forest Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332X Immediate cause	(a) Lobar Pneumonia (hypostatic)	48 hrs.
108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	4 da
	(c) Chr. prostatic hypertrophy	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 7-13-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 14-51
NAME OF CEMETERY OR CREMATORY St Ignatius
LOCATION (City, town, or county) Hickory Harford (State) Md

DATE REC'D BY LOCAL REG. 7/13/51
REGISTRAR'S SIGNATURE Priscilla Howard
24. FUNERAL DIRECTOR Joseph T Foster Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 413

RECEIVED
JUL 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07130

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
LENGTH OF STAY (in this place) 33 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Newborn COUNTY 3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) Joseph (Last) Martinuzzi

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 26, 1951
9. AGE last birthday yrs. If under 1 year Months Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph F. Martinuzzi
14. MOTHER'S MAIDEN NAME Elsie M. Flaugher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. - - - - -
17. INFORMANT AND ADDRESS Father 1119 Rosedale Ave., Baltimore 6, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis Neonatorum — INTERVAL BETWEEN ONSET AND DEATH: 3 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

161a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1951, to July 27, 1951, that I last saw the deceased alive on July 27, 1951, and that death occurred at 11:26 P.m., from the causes and on the date stated above.

SIGNATURE E. W. Waldemayer (Degree or title) Capt. MC. ADDRESS A.P.G. U.S.A. Hospital DATE SIGNED July 27 51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 7/28/51 NAME OF CEMETERY OR CREMATORY Oak Hill LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. Jr. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Jerome L. M. Leach ADDRESS 900 N. Chester St. Balto.

2 - 1261, 814, 5

RECEIVED
JUL 31 1951
BUREAU V.S.

07131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY 2 Aberdeen ave Aberdeen MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Md.
STREET ADDRESS (If rural give location) 2 Aberdeen ave

3. NAME OF DECEASED (Type or Print) (First) Morris (Middle) (Last) Pearl
4. DATE OF DEATH (Month) July (Day) 24 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 21 1894
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Barnett Pearl
14. MOTHER'S MAIDEN NAME Anna Levy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 053-05-2087
17. INFORMANT Mrs Betty Preston 2 Aberdeen ave Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis 3 weeks

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

13d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1951, to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 7.00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Brown McDonald Jr. M.D. ADDRESS Aberdeen, Md. DATE SIGNED 7-24-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 25/51
NAME OF CEMETERY OR CREMATORY New York City
LOCATION (City, town, or county) N.Y. (State)

DATE REC'D BY LOCAL REG. 7/24/51
REGISTRAR'S SIGNATURE A W Bedrick
24. FUNERAL DIRECTOR Sol Levinson & Bros W North ave ADDRESS 1126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Edgewood | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thurman (Middle) H. (Last) Pope
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1951

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: Sept 4, 1922 | 9. AGE last birthday: 28 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tree Trimmer | 10b. KIND OF BUSINESS OR INDUSTRY: Electric Co. | 11. BIRTHPLACE (State or foreign country): North Carolina | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Pope | 14. MOTHER'S MAIDEN NAME: Lavey Angel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 186-14-7967 | 17. INFORMANT: Russell Pope, Joppa Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning — none

9028 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

186a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Winters Run | (CITY OR TOWN) Edgewood | (COUNTY) Harford | (STATE) Md

TIME OF INJURY (Month) June (Day) 1 (Year) 1951 (Hour) 4 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Dived off bank & hit rock

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Gerald C Palmer MD. Deputy medical Examiner | Harford Co. Bel Air Md | 7/1/51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF July 2, 1951 | NAME OF CEMETERY OR CREMATORY Badger Funeral Home | LOCATION (City, town, or county) West Jefferson (State) N.C.

DATE REC'D BY LOCAL REG. July 2, 1951 | REGISTRAR'S SIGNATURE Mrs M. Morlada | 24. FUNERAL DIRECTOR Howard R. McComas & Son | ADDRESS Aberdeen Maryland

93055

RECEIVED
JUL 6 1951
LIBRARY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmorton Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmorton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Judge (Middle) Walter (Last) Wilks Preston
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Jany 14 / 1863
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME James B Preston
14. MOTHER'S MAIDEN NAME Mary A Wilks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS James H Preston Jr 600 W University Parkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

22 d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE Charles Richardson Jr (Degree or title) M.D. ADDRESS Belair Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 15/51
NAME OF CEMETERY OR CREMATORY St Mary's
LOCATION (City, town, or county) (State) Emmorton Harford Md

DATE REC'D BY LOCAL REG. 7/13/51
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Joseph T Foster Belair Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FEDERAL HILL
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FEDERAL HILL
STREET ADDRESS (If rural, give location) STREET R.D.

3. NAME OF DECEASED (Type or Print) (First) ELIHUGH (Middle) CLEVELAND (Last) TAYLOR
4. DATE OF DEATH (Month) JULY (Day) 11 (Year) 1951
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MARCH 9, 1892
9. AGE last birthday 59 yrs. If under 1 year Months 4 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER tenant
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (State or foreign country) Ash Co., N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm Taylor
14. MOTHER'S MAIDEN NAME Kathleen Perry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ida C. Taylor, Street, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic - Hypertensive Heart Disease — 6-8 years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2, 1949, to 5/16, 1951, that I last saw the deceased alive on 5/16, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE S. James Thomison Jr. (Degree or title) M.D. ADDRESS Jarrettsville, Md. DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 15, 1951
NAME OF CEMETERY OR CREMATORY Bel-Air Memorial Gardens
LOCATION (City, town, or county) (State) Bel-Air, Har. Co. Md

DATE REC'D BY LOCAL REG. 7/14/51
REGISTRAR'S SIGNATURE Priscilla Fourvod
24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

RECEIVED
JUL 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Curtis (Middle) Charles (Last) Tomlinson
4. DATE OF DEATH (Month) July (Day) 15 (Year) 1957
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 1 1903
9. AGE last birthday 48 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plummer
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Phila Penna
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Refrigerator Mechanic Wm. D. Tomlinson
14. MOTHER'S MAIDEN NAME Mattie Panel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 213-01-1760
17. INFORMANT AND ADDRESS Mrs Curtis Tomlinson Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c) ✓

420.1

94a

INTERVAL BETWEEN ONSET AND DEATH 1 hour

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15 1957, to 7/15, 1957, that I last saw the deceased alive on 7/15, 1957, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. P. Snodgrass MD
ADDRESS Darlington Md.
DATE SIGNED 7/17/57

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF July 17, 1957
NAME OF CEMETERY OR CREMATORY Bel-Air Memorial Park
LOCATION (City, town, or county) Harford Co. (State) Md.
DATE REC'D BY LOCAL REG. July 23, 1957
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR A. H. S. Bailey
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY York.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delta, R. D. 3.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) L. (Last) Wallace

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 19 51

5. SEX: Female — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married — 8. DATE OF BIRTH: Sept. 7-1922 — 9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): York Co. Penna. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph F. Bay — 14. MOTHER'S MAIDEN NAME: Margaret Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Elmer Thomas - Delta, R.D. Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dilatation Dropsy

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Yard Creek — (CITY OR TOWN) Pylesville — (COUNTY) Harford — (STATE) Md.

TIME OF INJURY (Month) July (Day) 15 (Year) 1951 (Hour) 2:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Car went off [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ____, Inspection ☒ Inquiry ____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) Coroner Upper Va. Dist. (Examiner) ADDRESS Hall's Station Md. DATE SIGNED 11/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 18-1951 — NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery — LOCATION (City, town, or county) Delta R. D. — (State) Pa.

DATE RECD BY LOCAL REG. 9/19/51 — REGISTRAR'S SIGNATURE Priscilla Fawood — 24. FUNERAL DIRECTOR Herbert P. Haskins — ADDRESS Delta, Pa.

RECEIVED
JUL 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

: 7138

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Darlington | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Cole (Last) Wallace
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: March 3 1909 | 9. AGE last birthday: 42 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): North East Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elijah Cole | 14. MOTHER'S MAIDEN NAME: Bertha Hyland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Bertha Hyland Cole North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Accidental Drowning	min.
929.8 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 183	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Broad Creek | (CITY OR TOWN) Fountain Rock | (COUNTY) Harford | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/15/51 2:30 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Car went off bridge into creek

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Harold C. Palmer M.D. Dep. Co. Medical Examiner Harford Co. Bel Air Md. 7/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-18-51 | NAME OF CEMETERY OR CREMATORY: Trinity | LOCATION (City, town, or county) (State): Fountain Rock Md

DATE REC'D BY LOCAL REG.: July 16, 1951 | REGISTRAR'S SIGNATURE: C. H. Kirby | 24. FUNERAL DIRECTOR & ADDRESS: Joseph P. Grant North East Md

VS-1A-5A

RECEIVED
JUL 24 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delta, R.D. 3.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Velsor (Middle) (Last) Wallace

4. DATE OF DEATH: (Month) (Day) (Year) 15 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 12, 1920

9. AGE last birthday: 30 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Munitions operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Darlington, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Henry Wallace

14. MOTHER'S MAIDEN NAME: Elizabeth Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Hotel Hunt

16. SOCIAL SECURITY No. 218-18-3214

17. INFORMANT AND ADDRESS: Elizabeth Wallace, Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 924.8 (c) 183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] (CITY OR TOWN) Pylesville (COUNTY) [illegible] (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 7/15/51 [illegible] p.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X Inquiry __, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident X suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 1/16/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 18-1951 — NAME OF CEMETERY OR CREMATORY: Mt. Zion cemetery — LOCATION (City, town, or county): Delta, R.D. (State): Pa.

DATE REC'D BY LOCAL REG. 7/17/51 — REGISTRAR'S SIGNATURE: Priscilla Fonwood — 24. FUNERAL DIRECTOR: Hubert P. Harkins — ADDRESS: Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington
LENGTH OF STAY (in this place) Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) J. (Last) Wallace
4. DATE OF DEATH (Month) July (Day) 15 (Year) 1951

5. SEX Male
6. COLOR OR RACE Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Feb. 20 1902
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY On Farm
11. BIRTHPLACE (State or foreign country) Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Wallace
14. MOTHER'S MAIDEN NAME Elizabeth Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 710-09-7396
17. INFORMANT AND ADDRESS Mrs. Elizabeth Wallace

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning — [illegible]

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Broad Creek (CITY OR TOWN) Pylesville (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) July 15, 1951 2:20 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car swept off bridge into Creek

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Examiner Harford Co. Fed Hill Md 7/16/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 18 1951
NAME OF CEMETERY OR CREMATORY Cedar Cem
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG July 16, 1951
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 24 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07141

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH COUNTY: HARFORD MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): WHITE HALL (RURAL) — LENGTH OF STAY (in this place): LIFE	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): WHITE HALL (RURAL)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SHAWSVILLE	STREET ADDRESS (If rural, give location): SHAWSVILLE

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) FIELDS	(Last) WILEY	4. DATE OF DEATH	(Month) JULY (Day) 9 (Year) 1951
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED	8. DATE OF BIRTH: FEB. 10-1862	9. AGE last birthday: 89 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER-REIRED	10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM	11. BIRTHPLACE (State or foreign country): HARFORD Co. MD	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: THOMAS HUTCHINS WILEY	14. MOTHER'S MAIDEN NAME: REBECCA ANN WILEY				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: MALCOLM F. WILEY, WHITE HALL MD			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 1 yr

332X Antecedent cause(s)

x3b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteria - Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to July 9, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 12 40 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. M. France	M.D.	Parkton, Md.	7/9/51

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: JULY 11-1951	NAME OF CEMETERY OR CREMATORY: BETHEL	LOCATION (City, town, or county): HARFORD Co (State): MD
DATE REC'D BY LOCAL REG.: 7/10/51	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: Howard S. Marklin, White Hall	ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1951
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07142

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 309 St. John

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George Earl Woods

4. DATE OF DEATH (Month) (Day) (Year) 19 7/21/51

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/13/1892
9. AGE last birthday 59 yrs. If under 1 year Months 4 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horseman
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Woods
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mary M. Woods 309 St. John St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Stomach	6 mos.
151 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Carcinomatosis	2 mos
46 b	(c) Cachexia	2 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to July 21, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at July 3 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D. ADDRESS 7/20 400 S Union Ave Havre de Grace Md DATE SIGNED 7/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/24/51
NAME OF CEMETERY OR CREMATORY Mt. Erin
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. July 24-1957
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son Havre de Grace, Md. ADDRESS

09105

RECEIVED
JUL 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11743

Reg. Dist. No. 18-1

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Havre de Grace
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Havre de Grace
STREET ADDRESS (If rural, give location): R.D. #2

3. NAME OF DECEASED (Type or Print): (First) Mandy (Middle) Ennis (Last) Wyatt

4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 23 1899

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rufus Pierce

14. MOTHER'S MAIDEN NAME: Jentria Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wm Lundy Wyatt - Havre de Grace Md. R.D. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cyst Adeno Carcinoma of Ovary

175X 49a Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Syphilis — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1951, to July 17, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Malcolm Dudley Phillips M.D. — ADDRESS: Darlington Md. — DATE SIGNED: 7/18/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 20 1951 — NAME OF CEMETERY OR CREMATORY: Welcome Home Baptist Ch'yd. — LOCATION (City, town, or county) (State): Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR'S REG.: July 19 '51 — REGISTRAR'S SIGNATURE: Bertha B. Knight

24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace, Md.

RECEIVED
JUL 24 1951
BUREAU